

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584837

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0				
5		1		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11	1		1			
12		0		1		
13	1		1			
14		1		1		
15						
16		1		1		
17						
18		5		1		
19		0		1		
20	1		1			
21		1		1		
22		1		1		
23		1		1		
24	1		1			
25		1		1		
26	1		1			
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TOTAL IND.	11	↓	11	↓		↓
TOTAL DEP.	29	↖	24	↖		↖
TOTAL CLAIMS	40		35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↖		↖		↖
TOTAL CLAIMS						